BESI AVAILABLE COLY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Co					(Colu	mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS	20			1970年		Γ	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 9			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			H minus 3 =		* /			X40=	40.	OR	X80=	
MULTIPLE DEPENDENT CLAIM PR			RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	_	TOTAL	395.08	OR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	** 2	20	=	+	X\$ 9=		OR	X\$18=	
	Independent	* // NTATION OF M	Minus	***	L	= [-]		X40=		QR	X80=	
	FIRST PRESE	NTATION OF M	JUIPLE DEP	EINDEIN	CLAIM			+135=		OR	+270=	
							ΔΓ	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	7.	, DIII. I C.L.				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	CLAIM		' T	+135=		OR	+270=	
			é				L	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	AL	DIT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDEN	T CLAIM		▎├					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							L	+135=		OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	id For" (Total or	Independ	dent) is the	highest numbe	er found	d in the app	ropriate box	c in col	umn 1.	